MARGIN RESERVED FOR BINDING VS. A15A - 5 - 53

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 350
	1. PLACE OF DEATH: COUNTY 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY COU	cestin
0	CITY (If outside corporate limits, write RURAL and OR and give nearest town) CITY (If outside corporate limits write RURAL and OR TOWN)	give pearest town)
	HOSPITAL OR OINSTITUTION OR STREET ADDRESS (If rural, give location)	uke !
	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: (Type or Print) (Type or Print) (Middle) (Middle) (Middle)	(Year) 19 55
1	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, S. PATE OF BIRTII: Specify: 8. PATE OF BIRTII: 9. AGE last birthday: IF UNDER I YI MONTHS DE 21	Hours Min.
		COUNTRY? WHAT
CONTRACT	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: rapp	ur_
200	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (1f Yes, give Wastor dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (1f Yes, give Wastor dates of service)	ocenora M
TTM D	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN DISET AND DEATH
Paccas	Immediate cause (a) Costs Officialis	Muntes
idilia.	Antecedent cause(s) Diseases or conditions, if any, (b) Outstucking Illin framage would giving rise to the above cause DUE TO	
ore for	stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
31	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION: 19b, MAJOR FINDING OF OPERATION:	
2010		20. AUTOPSY? Yes \(\text{No } \(\text{I} \)
dun	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY 21b. PLACE (Home, farm, factory, office bldg., etc., injury) (County)	(State)
CIGITA	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while in Jury M. M. work at work	
e is espec	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter SIGNATURE , CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	
3	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or con REMOVAL (Specify): 3/2/55 Library Cemetery Nr. Marion Sta., S	omerset, Md.
	DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE PRESENT JONE Beiner Poco	ADDRESS MAR R 3
	40011211106	

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DE CENTRE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18) 3196 CERTIFICATE OF DEATH Reg. Dist. No. 350

3210

ONIU	Reg. Dist.	110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY WARYLAND	STATE Masuland W/BOOM	anto:
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	d give nearest town)
OR and give nearest town) (in this place)	TOWN Pocomoke m	d x
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS Home	ADDRESS Rt. 2	*
DECEASED:	(Last) 4. DATE (Month) (Day)	
(Type or Print) CASS/E DYITTI) 5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 19. AGE last birthday: If UNDER I YE	
emale Col (Specify) manual mar	/ 1000 / Months Da	
0a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF		ITIZEN OF WHAT
work done during most of working life, even if retired. Romeolic Housewill	manyland	OUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAJOEN NAME:	-,
Samuel Yeagle	Sarah Cuslis	
15 WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No.: 17. Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:	
service)	Janiel Brillingham - Och	and o your
18. MEDICAL CERTIFICATI	ION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7	Interval Between Onset And Death
422.1 (Karanie	marachiles	1
Immediate cause (a)		1
Antecedent causes (s)		
Diseases or conditions, if any, giving rise to the above cause		***************************************
stating the underlying cause last. DUE TO		1.
(c)		
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
- ACCIDENT (Specify) SUICIDE HOMICIDE (Home, farm, factory, street office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S'	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At Work		
22. I hereby certify that I attended the deceased from	1954, to March 1955, that I last s	the deceased
. 2		
alive on SIGNATURE (Degree or title)	ADDRESS and on the date's	tated above. TE SIGNED
(- t - Q 9)	J. ADDRESS J. 12.	さったらこへ
3. BURIAL CREMATION, DATE THEREOF NAME OF COMETE	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
BEMOVAL (Specify) 3-27-55 ST.	Poremeke	mid.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	ADDRESS
MREGISTRAR 21 1955 June & DHITE	Gard Went - hours	1/a/
The contract of the contract o	Convers I remain I will come	10,00

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2361 8S **9AM**

EXAMINER'S No. 352

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND STATE A COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town) (in this place) TOWN HOSPITAL OR INSTITUTION OF STREET Of rural, give location) ADDRESS STREET ADDRESS (Middie) (First) (Last) 4. DATE (Day) (Year) DECEASED: 19 5 5 (Type or Print) 10 G G 10 ROTH GORE DEATH 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Monthsl ma. 19 (Specificiance 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of | 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: **COUNTRY?** even if retired): 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Immediate cause DUE TO Antecedent cause(s) (b) ... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No No 21a. EXTERNAL CAUSE WAS (County) 21b. PLACE (Home, farm, factory, 21c. (City or town) (State) PRIMARY For CONTRIBUTING CAUSE OF DEATH. street, office bldg., etc., OF Wirelow INJURY SENAMELIN / SU 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while INJURY 3/27/ work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], and find that death resulted from: Natural causes [. Accident [], Suicide [], Homicide [], Undetermined cause []. SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) : REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS DREG O

carefully. The correct and legibly. f information death clearly Jo Supply every item write the causes o FOR INK. UNFADING Physicians: E PLAINLY, WITH especially important. WRITH ge is e

PLEASE



3212 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

ct	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 355
	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	,
The	COUNTY WOLCES LEW MARYLAND STATE TO COUNTY	Lucto
carefully.	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CONTROL OR TOWN TOWN CITY (If outside corporate limits write RURAL and OR TOWN TOWN TOWN TOWN TOWN TOWN	give nearest town)
n care y and	HOSPITAL ORNER ENGLISHED STREET ADDRESS 17 Edgewalle (If rural, give location)	ed.
information eath clearly	3. NAME OF (First) (Middle) (Last) (4. DATE (Month) (Day) DECEASED: (Type or Print) Last Drungs. Classy DEATH Way 2	(Year) -7 19 8 8
f infor death	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YI WIDOWED, DIVORCED, Specific Company of the control of the cont	ys Hours Min.
	work done during most of work life, even if retired): Balture Md	CITIZEN OF WHAT COUNTRY?
rery it	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Donotty Live.	
Supply every item o	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17. INFORMANT & ADDRESS: Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17. INFORMANT & ADDRESS:	alto. M
Sup	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
-	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
INK.	Immediate cause (a) Accelerated Francisco	mercus
	Antecedent cause(s)	
DIO	Diseases or conditions, if any, (b)	
FA sici	giving rise to the above cause DUE TO stating underlying cause last (c) The stating underlying cause last (c)	
MAKGIN KE T UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
ITI	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
W	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home. farm. factory. 21c. (City or town) (County)	Yes No (State)
E.Z.	PRIMARY For CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. OF Street, office bldg., etc., Lem Berlin Worleton	maryla
E PLAINLY, WITH especially important.	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work Full from Capacital brow	
P Spe	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [],	
SITE is e	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined Signature	mined cause [].
WRITE ge is es	HERWALLE KARLINI M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	3/29/55
PLEASE .	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or courselection): 4-1-55 Wordlaws Baltino	e Ma
PLE,	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3 RE 29 - 55 The on A Nay word Sun Subar Bu	ADDRESS

VS. A15A - 5 - 53

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UNFADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and leg

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3213 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MINDICAL BARNI	TIATATE D	CIMILI	IFICALIZ	OT	DEATT	L No 3.2.2
I. PLACE OF DEATH:		2	. USUAL RESIDENCE	(HOME)	F DECEASED:	
COUNTY Worlester	MARYL	AND	STATE MA	cou	NTY J	tucco co
CITY (If outside corporate limits, write ROR and give nearest town) TOWN HOSPITALOR INSTITUTION R STREET ADDRESS	thend (in this	OF STAY s place)	CITY (If outside con OR TOWN STREET ADDRESS 2 1 7	porate limit		and give nearest town) 3 V 0 1 - 4
3. NAME OF DECEASED: (First) III IAI	Middle y	hy C	CLOGG	DEATH	man	Day) (Year) 27 19 55
Jemale White (Spe	GLE, MARRIED, DOWED, DIVORCED	1 Jan	. 7, 1948	AGE last bi	rthday: IF UNDER Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BU INDUSTRY:	SINESS OR	Bellin	(State or fo	reign country):	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	-0		14. MOTHER'S MAIDE	N NAME;	1	
michael Downs	Clogy		Doroll	4	tore.	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or dates of service)		TY No.: 17	ns. Harr	RESS:	Clour	Battimo
		18. MEDICAL	CERTIFICATION	7	00	
I. DISEASES OR CONDITIONS DIRECTLY ### SO X Immediate cause (a)	acculeri	rn: tal j	Daurne			INTERVAL BETWEEN ONSET AND DEATH MILLIES
Antecedent cause(s)						
Diseases or conditions, if any, (b)	• • • • • • • • • • • • • • • • • • • •					
giving rise to the above cause DUE TO stating underlying cause last	7	rund	, um	1/	1	
II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATIONS OR CONDITION CAUSING D	ONTRIBUTING ED TO THE			3/29	751-	
19a. DATE OF OPERATION: 19b. MAJOR						20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, far OF street, office INJURY	e bldg., etca	Perlen	2	(County)	(State)
	21e. INJURY OCC While at N		Fell from co			
22. I hereby certify that I took char	rge of the remain	ns describe	l above, held an A	utopsy [], Inspection	, Inquiry , and
find that death resulted from:	Natural causes], Acciden				
Gedman a. Rah	lous		M. D. ASSISTAN	IEDICAL E MEDICAL NT MEDICA	EXAMINER EXAMINER AL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THER REMOVAL (Specify):	5 Wo	CEMETERY	OR CREMATORY	Ba	(City, town, or	re mid
DATE REC'D BY LOCAL REGISTRAR'	S SIGNATURE	varid	24. FUNERAL DIREC	TOR ,	Buba	Bules n

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VS. A15A - 5 - 53

3214 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	32()() Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 355
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Worces we MARYLAND STATE THE COUNTY BOLD	but or
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWNSTAL OR HOSPITAL OR TOWN STREET (If rural give location)	give nearest town) 3 Vol-4
STREET ADDRESS LEven Deschaper & Can City ADDRESS 2 17 Educate	Rd.
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day OF Print) Willelf Downlos Close DEATH When 2) (Year) 7 19 5 5
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, S. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y WIDOWED, DIVORCED, Specific and 1 1910 44 yrs. Months Da	
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. Seven if particular works of work life, 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Survey B. Cloge. 14. MOTHER'S MAIDEN NAME: Lillian Crook.	
15. WAS DECEASED (EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: 17. INFORMANT & ADDRESS: 18. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:	altrure no
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: SOX	ONSET AND DRATH
DUE TO	
Antecedent cause(s) Diseases or conditions, if any, (b)	* *************************************
giving rise to the above cause DUE TO stating underlying cause last (c) Farmel 3/29/55 8/5a m	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \(\text{No } \(\text{L} \)
21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING Defection of Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, office bldg., etc., injury strapuseur 134) Verenter Centre Centr	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Brown Cognegat while are	7
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inspec	a Carrier
find that death resulted from: Natural causes Accident Suicide Homicide Undeter SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or con REMOVAL (Specify):	1- /
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR BEG. 29-55 Pelen & Nauward Suna A. Burban	Belly on

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 350
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED.	~
COUNTY A COUNTY WARYLAND STATE LA COUNTY WOR	ceples
CITY (16 outside corporate limits, write RURAL LENGTH OF STAY OR and rive nearest town) LENGTH OF STAY OR	give nearest town) X
OR and rive nearest town) TOWN OR TOW	Lech M
HOSPITAL OR INSTITUTION OR ADDRESS OF LAME STREET ADDRESS OF LAME	man 1
3. NAME OF DECEASED: (Middle) (Last). 4. DATE (Month) (Day OF DEATH) DEATH	(Year) 19 5 5
5. SEX: 6 COLOR OB 7 SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I ! Months D.	AND HOURS Min.
H// (Specify): D// B/J3 yrs.	10
10a. USUAL OCCUPATION (Give kind of work don during most of work life, even if retired): INDUSTRY:	COUNTRY WHAT
13. FATHER'S NAME: 14. MODIFIE'S MAIDEN NAME:	HOT
Junk July Margaretuni	h clan
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.: 12 INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give war or dates of service)	- Cxh
18. MEDICAL CERTIFICATION	The state of the
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) DUE TO DUE TO	
Antecedent cause(s) Discesses or conditions if any (b)	

giving rise to the above cause DUE TO	1
giving rise to the above cause DUE TO stating underlying cause last (c)	,
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	20. AUTOPSY? Yes \(\subseteq \text{No F} \)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 12b. PLACE (Home, farm, factory, 12lc, (City or town) (County)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	Yes 🗆 No 🗹
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF OPERATION: 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work of at work of the w	Yes No (State)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work Mile at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy 7, Inspection 24.	Yes No (State)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS OF Street, office bldg., etc., INJURY OCCURRED OF LINJURY OCCURRED OCCURRED OF LINJURY OCCURRED OF LINJURY OCCURRED OCC	Yes No (State)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF OPERATION: 21b. PLACE (Home, farm, factory, street, office bldg., etc., INJURY CAUSE OF DEATH. 21c. (City or town) (County) While at Not wbile work of at work of a two work of a	Yes No (State) (State) , Inquiry , and rmined cause .
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21d. INJURY 21d. INJURY OCCURRED While at Not wbile INJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection of the find that death resulted from: Natural causes Accident Accident Assistant Medical Examiner Deputy Medical Examiner Depu	Yes No (State) (State) , Inquiry , and rmined cause .
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF Street, office bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not wbile work at	Yes No (State) (State) , Inquiry , and rmined cause DATE MGNED

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

VS. A15 - 10 - 53

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()3202 3208 CERTIFICATE OF DEATH Reg. Dist. No. 256

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Worcester MARYLAND	STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL OR and give nearest town) POCOMOKE LENGTH OF STAY (in this place) years	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN POCOMOKE
HOSPITAL OR INSTITUTION OR TO STREET ADDRESS 701 Market St.	STREET (If rural give location) ADDRESS 701 Market St.
	NT DATE (Month) (Day) (Year) OF DEATH: March 16, 19 55
Male 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WARRIED, WIDOWED, DIVORCED, Specify): Married June	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 4, 1885 69 yrs. Months Days Hours Min.
no. usual occupation (Give kind of the street of working life. Retired Pass. Agent Railroad	Maryland (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Enoch Ent	Emma Gibbons
(Yes no, or unk.) (If Yes, give war or dates of service) NONE	Mrs. Leila C. Ent, Pocomoke, Md.
18. MEDICAL CERTIFICAT	A THE PART OF THE
331 X CEREBRE (A) CEREBRE	al Kemourhage 5 days
ANTECEDENT CAUSE (S)	1 1 1 1 1 1 1 1 1
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	sclerosis, Juneralized years
STATING UNDERLYING CAUSE LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While At work at work	21F. HOW DID INJURY OCCUR?
Charles W. Trader, A.B., M	1.43 M, from the causes and on the date stated above. ADDRESS DATE SIGNED ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 3/19/55 Mt. Holly	
DATE REC'D BY LOCAL REGISTRAR'S MIGNATURE	Henry H. Watson, Pocomoke, Md.

3261 SS 1955



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3207 CERTIFICATE OF DEATH

		(1010-
	***	No. 350
Reg.	Dist.	No.

3297	CERTIFICATI	E OF DEA	TH Re	g. Dist. No. 350
1. PLACE OF DEATH:		2. USUAL RESIDE	ENCE (HOME) OF DECE	ASED:
Worcester		Many	land	Monagatan
COUNTY	MARYLAND	STATE Mary		COUNTYWOrcester
CITY (If outside corporate limits, write OR and give nearest town) TOWN	RURAL LENGTH OF STAY	OR _		URAL and give nearest town)
Pocomol Pocomol	ke 45 years	TOWN Po	comoke	6-f 2
HOSPITAL OR INSTITUTION OR	urel St.	STREET ADDRESS	(If rural give 520 Laurel St.	
3. NAME OF (First) DECEASED: (Type or Print) ANNIE	(Middle) ELIZABETH HAR	(Last) MON	4. DATE (Month) OF Marc	(Day) (Year) h 13 19 1955
RACE: WIDO	LE, MARRIED, 8. DATE DWED, DIVORCED, ify): Widowed May 2		65 yrs. Mo	under 1 Year IF under 24 Hrs. onths Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired housewife	10b. KIND OF BUSINESS OF INDUSTRY: Domestic	Watchapre		USA
I3. FATHER'S NAME:	1 201100010	14. MOTHER'S MAI		
unknown		Peggy 1	Mears	
15 WAS DECEASED EVER IN U.S.ARMED FORCES	9 16. SOCIAL SECURITY No.: 17.			
(Yes, no, or unk.) (If Yes, give war or dates o service)	Mr Mr	s. Susie Dou	ghty-Pocomoke,	Md.
	18. MEDICAL CERTIFICATI	ON		Interval Between
1. DISEASES OR CONDITIONS DIRECTI	LY LEADING TO DEATH	110 7/1	0 1111111	Onset And Death
Immediate cause	a) fuchous	and July	more co-	L. Cuerra
Antecedent causes (s) Diseases or conditions, if any,	b) Passific	1 Theop	lasu of	Tung 6 Mas
stating the underlying cause last.	с)		/ /	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causin	not death.	tes & H-	Jeslens	un
19a. DATE OF OPERATION: 19b. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY ?
				Yes No
SUICIDE OF INJ	CE (Home, farm, factory, street office bldg., etc.) URY	(CITY OR TOW	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended	the deceased from 3//	.19.5 7. to 3	//3 195 , tha	t I last saw the deceased
	that death occurred at (Degree or title)	:00 a.m. from		
Corre m.	laruchera 7	MO 508-	-5 warello	comme and the
23. BURIAL CREMATION, DATE THER REMOVAL (Specify) March 17		RY OR CREMATORY	Accomack Co	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRE	ECTOR	ADDRESS
March 15 1955 / (MMO	Costhito			St Crisfield Md.
1110000				

SEEL TI RAM

3217

CEDTICICATE OF DEATH

03205

Dr. Harry Mattex	IFICATE	OF DEA	R	eg. Dist. No.	350
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF D	ECEASED	
COUNTY Worcester	MARYLAND	STATE Marylan	d county	Worcest	ter
CITY (If outside corporate limits, write RURAL OR end give neerest town) TOWN	LENGTH OF STAY (in this plece)		te limits, write RURAL e	nd give neerest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1		STREET ADDRESS R.D. #	(If rurel giv	ve location)	`
3. NAME OF (First) (A DECEASED (Type or Print) II)A III.	Aiddle)	(Lost) HITCH	4. DATE (Mor OF DEATH	MAR 31	(Yeer) 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVO	DRCED,		AGE last birthdey 62 yrs.	Months Days	Hours Min.
done during most of working life, even if OR I	OF BUSINESS NDUSTRY OWN Home	11. BIRTHPLACE (State or foreign	country) Maryland		EN OF WHAT
13. FATHER'S NAME James Causey		Annie Hite		•	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	SOCIAL SECURITY NO.	Mr. W. Thoms	DRESS AS Hitch(Hu	isband) R.	D. # 1
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION Eden.	Maryland		ERVAL BETWEEN
331X IMMEDIATE CAUSE (A)	ebral yascu	law acciden	& (throng	(sois) 2	Y Trous
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	ebral art	erias clerase	>	loy	ears
STATING UNDERLYING CAUSE LAST. DUE TO (C)	eros clerotil	s atheros	clerosis	180	reard
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rterios cleri	tic heart	disease	100	years.
19e. DATE OF OPERATION 19b. MAJOR FINDINGS C	F OPERATION			YES	
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ferm, fectory, 2 fice bldg., etc.)	1c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While M. et wor	Not while	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the decease alive on, and signature.	ed from Mach		uses and on the c	date stated abov	w the deceased

, the attending physician and completely fille be detached for use as a burial transit permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the The bottom copy may be retained by the hospital or attending physician. certificate has been executed by death certificate assembly should to

this this

After o

copy

72 hours after death. director, the third cop

within

registrar by the f

with

INSTRUCTIONS

after death.

BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF

Burial

M.D. MAME OF CEMETERY OR CREMATORY Apr. 2, 1955 REGISTRAR'S SIGNATURE

Canden

Salisbury, Maryland Apr.
| LOCATION (City, town, or county) Eden

REC'D BY REGISTRAR

HOLLOWAY & COMPANY

Cenetery St. Tuice

SALISBURY MARYLAND

24. DATE

A15C 1-55 10M

CRETIFICATE OF DEATH

STATE OF THE STATE

03206

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1
WO COLOUR MARYLAND	Pilawan	Alexany
OR give nearest town (in this place)	CITY (If outside corporate limits, swrite RURAL and give OR	e nearest town)
X TOWN Derun I day	TOWN STREET (If rural, give location)	4-5
HOSPITAL OR INSTITUTION OR	ADDRESS (If rural, give location)	\/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	aves OF DEATH Merch	23 1943
5. SEX O //6. COLOR, OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
Male colored WIDOWED, DIYORCED, (Specify) Single	unbnown app. 75 yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of forking life, even if retired) The distribution of forking life, even if retired) The distribution of forking life, even if retired)	m on o	CITIZEN OF WHAT
13. FATHER'S NAME	A. MOTHER'S MAIDEN NAME	D P
Linknown	unknown para	n Lawes
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT, AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of 222 - 20 - 4050	I'm Vincent Laves	
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
443X Julmorary	1 edema	24 hrs
Immediate cause	0 0	
Antecedent cause(s)	heart faiture	3
Diseases or conditions, if any, (b)	(3)	
stating the underlying cause last (c)	re Cardinasular disease	sever
JI. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		years
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20 4 77770 00277
172. DATE OF OFERATION 179. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(32222)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	on man	
22. I hereby certify that I attended the deceased from May	1957, to Jan 71, 1955, that I last sa	w the deceased
alive on Much 23 1953, and that death occurred at.	1: 21-	
SIGNATURE () (Degree or title)	ADDRESS	DATE SIGNED
trong 1. Suly 1. tr. MO	Bulm Md.	3/26/55
23. BURIAL CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	RY OR CHEMATORY LOCATION (City, town or counts	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR	ADDRESS,
Drauling I more and in the	NI Waran I Dean	7/1/2

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

2261 OE 9AM

	info
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK. Supply every item of info
MARGIN RESER	TH UNFADING INE
	PLAINLY, WI
	RITE

VS. A15A - 5 - 53

3219 MARYLAND STATE DEPARTMENT OF HEAL	TH—BALTIMORE, 18 (1) 32 (1)7 Reg. Dist.
MEDICAL EXAMINER'S CERTIF	
1. PLACE OF DEATH: 2. USU	JAL RESIDENCE (HOME) OF DECEASED:
COUNTY Warcuter MARYLAND ST.	ATE MI COUNTY Warcistin
	Y (If outside corporate limits write RURAL and give nearest town) WN Seuler Rural X
HOSPITAL OR STR	EET (If rural, give location)
3. NAME OF DECEASED: (Type or Print) Thornes M., Lewis	4. DATE (Month) (Day) (Year) OF DEATH Mass. 36 1955
	1920 34 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retIred) tenting chickens farm	BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
Thomas H. Lewis &	other's maiden name: Les 911. Bules
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INF (Yes, no, or unk.) (If Yes, give war or dates of \$2/8-/4-2584)	CRMANT & ADDRESS:
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Luich	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	rade Parsoning ?
stating underlying cause last (c)	- 3/31/55 125 Rm
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes (I) No □
PRIMARY For CONTRIBUTING OF street, office bldg., etc., INJURY CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21e. OF While at Not while	Scholin RFS Worestof med. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described about	
find that death resulted from: Natural causes [], Accident []	, Suicide Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAM.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (Specify): Ch. 301915 Hambles Cur	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 - 55 Nelen F Nay World 134	



TOI	7 ite
BIL	every
FOR	ply
ED	Sup
MARGIN RESERVED FOR BINDIN	TE PLAINDY, WITH UNFADING INK. Supply every ite
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VS. A15A - 5 - 53

	3220		03208
Ct	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
orre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 3.55
e c	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
F 5	COUNTY Worces to MARYLAND	STATE TO COUNTY WORLD	town cs_
fully.	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Dynamic Europe Corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Ballings	give nearest town)
n care y and	HOSPITALOR Thear Egg Stand. DINSTITUTION OR STREET ADDRESS tween Desations + Jan Cuj	STREET (If rural, give location) 715 Woodbourne Ave.	J
of information carefully. The correct of death clearly and legibly.	3. NAME OF DECEASED: (Type or Print) Roberton (Middle)	(Last) 4. DATE (Month) (Day OF DEATH Mar. 2	
infor leath	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT. WIDOWED, DIVORCED, WIDOWED, DIVORCED, Specific read	. 9,1911 +4 yrs. Months Da	
em of	10a. USUAL OCCUPATION (Give kind of work life, Work done during most of work life, INDUSTRY: INDUSTRY:		CITIZEN OF WHAT COUNTRY?
ery it	13. FATHER'S NAME: Mese.	14. MOTHER'S MAIDEN NAME:	
Supply every item write the causes o	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Mr. Darry B. Close Ba	Itura mi
Sup		AL CERTIFICATION	INTERVAL BETWEEN
UNFADING INK. Physicians: please	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 8 5 0 × Immediate cause (a) Conclusion DUE TO	Drawing	ONSET AND DEATH THENETE
S S	Antecedent cause(s)	<u> </u>	
'ADI	Diseases or conditions, if any, (b)	- L. , am	
	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1/55	<u> </u>
TTH tant	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
Dog	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	(County)	Yes No No (State)
VIV.	PRIMARY For CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH. INJURY Strague 120. 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED	1) 0 1. 1 1. 1	mil
AI	OF INJURY 3/2>/55 M. While at Not while at work □ at work □	TEDILL D	~
Pl	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection [],	Inquiry , and
TE S	find that death resulted from: Natural causes [], Acci	dent ☐, Suicide ☐, Homicide ☐, Undeter CHIEF MEDICAL EXAMINER ☐	mined cause [].
WR.	Hermana Kahlom	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	2/20/cs
SE WRITE PLAINDY, WITH age is especially important.	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER		inty) (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
д	3-29-55 Tytelen & Jayward	June . Duway	Dulin Me

BECEINED

APR 4 1955

BUREAU V. S.

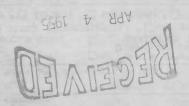
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 353
ATEMAN A CIRCA	AMARAMATA TAME	CHILLIAM	OT.	DIME	140

1. PLACE OF DEATH:		
1. THATE OF BEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Worces Lew MARYLAND	STATE MIL COUNTY BULL	area colonia
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		give nearest town)
OR and give nearest town) (in this place) TOWNSurchure End Bay,	TOWN Baltimore	3101.4
HOSPITAL OR near Egg Stand	STREET (If rural, give location)	
INSTITUTION OR L	ADDRESS	A
- Tomero (Sarabapo)		e stre.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) William Junett	actora DEATH Mar. 2	7 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED,		
Male white Hyperitaring	ue 7, 1908 4 Byrs. Months De	Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS (work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of work life, INDUSTRY:	Pittstus Pa	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William & Pallard	De - 3. TT.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	I7. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of	n. O	R. A. 1.
w. service) w.	M. Semell folland,	Callo. M.
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	6	ONSET AND DEATH
850x (assilenta)	Frawning	munch
Immediate cause (a) DUE TO		***************************************
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
Diseases or conditions, if any, (b)	100 jan	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	1/55 / am	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1/55 / au	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	1/55 / au	
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1/55 / au	20. AUTOPSY?
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	7/55 / au	20. AUTOPSY? Yes \(\text{No} \(\text{IV} \)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 12b. PLACE (Home, farm, factor)	(County)	/
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH.	2) 21c. (City or town) (County) 2	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21c. (City or town) (County) 21c. Hear Berley Nevertor 21c. HOW DID INJURY OCCUR?	Yes No No
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH.	2) 21c. (City or town) (County) 2	Yes No No
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While at Not while	21c. (City or town) (County) 2 hear Berley Nevertor 21c. HOW DID INJURY OCCUR? Free from capaged base 3	Yes No (State) (State) 2/27/5-5
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY OCCURRED While at Not while INJURY ON MAJOR FINDING OF OPERATION:	21c. (City or town) (County) Then Berley Mercetor 21f. HOW DID INJURY OCCUR? Free from Capaged baar 2 bed above, held an Autopsy , Inspection ;	Yes No No (State) (State) (27/55 Inquiry Nand
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. INJURY OCCURRED While at Not while INJURY OF M. Work at work 2 22. I hereby certify that I took charge of the remains described.	21c. (City or town) (County) Near Berley Mercetor 21c. How DID INJURY OCCUR? Fur from Capacal base 2 bed above held an Autopsy , Inspection B dent D. Suicide , Homicide , Undeter	Yes No No (State) (State) (27/55 Inquiry Nand
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) OF While at Not while INJURY OCCURRED OF M. While at Not while INJURY OF STREET, office bidg., etc. 22. I hereby certify that I took charge of the remains descripted that death resulted from: Natural causes Accident.	21c. (City or town) (County) Than Berley Mercetor 21f. How Did Injury occur? Feet from capacal base 2 bed above, held an Autopsy , Inspection , dent , Suicide , Homicide , Undeter	Yes No No (State) (State) R/27/55 Inquiry nand mined cause .
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF M. work 1 at work 2 22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes Accisionature	21c. (City or town) (County) 21c. How Did Injury occur? Fur from Capagal baar bed above held an Autopsy [], Inspection [], dent [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER []	Yes No No (State) (State) (State) (Algorithm of the state of the st
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Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY of CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while INJURY 3/1/2 (Year) (Hour) 21c. INJURY OCCURRED While at Not while at work 22. I hereby certify that I took charge of the remains descripted from: Natural causes Accissionature 22. I hereby certify that I took charge of the remains descripted from: Natural causes Accissionature 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE CHARGES ACCIDENT OF CEMETE CAUSE	21c. (City or town) (County) 21c. HOW DID INJURY OCCUR? Fut from Capacal baar bed above, held an Autopsy [], Inspection [], dent []. Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. RY OR CREMATORY LOGATION (City, town, or co	Yes No No (State) (State) (State) (All And Cause Ca

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



VS. A15 - 10 - 59

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3222 CERTIFICATE OF DEATH Reg. Dis

RE, 18 (1321()/ Reg. Dist. No. 355...

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	· -
COUNTY 1 m 2 a Tex MARYLAND	STATE MA COUNTY Worces	lin
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nea	rest town
OR and give nearest town) (in this place)	OR (1)	6.0
TOWN 50 yrs.	TOWN Clean City	X
HOSPITAL OR QUE PONTE TO Salestury INSTITUTION OR STREET ADDRESS LO THAT	STREET (If rural give location)	1
STREET ADDRESS LO AND MA ALLE ALL AND O	Applicas	
B. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (V\
3. NAME OF (First) (Middle)	OF OF	Year)
(Type or Print) Susul Itmanda		1957
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE		ER 24 HRS
ternal white (Specify); you train	- 3 1882 73 yrs. Months Days Hours	Min.
DA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN C	OF WHA
work done during most of working life, OR INDUSTRY:	Country 2/	7
HO !! HOW I Summers	I desler Manor Val Us	<u>A</u> .
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James Lins comb	Joanne Brown	
WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates	1 m. C > 1 V.	100
of service) No .	1 oran fred savege can	City.
18. MEDICAL CERTIFICAT	,	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET A	DE DEAT
4201 (Drongs	" Thromposes acuty 10 h	ours
IMMEDIATE CAUSE (A) DUE TO		
ANTECEDENT CAUSE (S)	celevation 104	.001
GIVING RISE TO THE ABOVE CAUSE	30000	-cuz
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N OC 41	TORCYA
1	YES T	NO PE
	1	
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fac OF CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg.,		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while at work		
1	150. 200. 6	
22. I hereby certify that I attended the deceased from	7271	decease
alive on Mu 6, 19, and that death occurred at	M, from the causes and on the date stated abo	ove.
SIONATURE / ()	ADDRESS OF MC DATE SIGNED	-
Altaluser. D.	1. D. Clay dy The . Mar. 8,	55
	ERY OR CREMATORY LOCATION (City, town, or county)	(State
REMOVAL SPECIFY) 3 9 PATA	(A) (B) (D)	vo-
purcha yolds	Juliu Jerem	In
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	h



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3223

3223 CERTIFICATE	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DE	CEASED:
COUNTY Worcester MARYLAND	STATE Maryland	COUNTY Worceste
CITY (18 and 12	CITY (If outside corporate limits, wri	
OR and give nearest town) TOWN Berlin Most of life	TOWN Berlin	×
HOSPITAL OR	STREET (1f rural	give location)
INSTITUTION OR STREET ADDRESS At home - Route # 3	ADDRESS	e # 3
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mon	
(Type or Print) Margaret Sarah	Savage DEATH: 3	2 7 - 19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: 36-1921 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign cou	intry): 12. CITIZEN OF WHA
work done during most of working life, even if retired): Domestic Hotel	Berlin, Worcester Co. M.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charlie Newton	Mary Lizzie Jar	men
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS:	MONT
(Yes, no, or unk.) (If Yes, give war or dates of service)	llard McKinley Savage, Be	erlin. Md. Rt.43
No service) No 217-03-5944 Wi	1,000 000	SITILLY MAD TOOK
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Intervai Betwe
260X Dish	ties anna	Onset And Dea
Immediate cause (a)		- Jones
Antecedent causes (s) Diseases or conditions, if any, (b)	a melitica	(?)
giving rise to the above cause stating the underlying cause last. DUE TO	•	1120
(c) Vmeun	noma	Ho are.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
0		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUN	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While 1NJURY m.	110W DID 1NJURY OCCUR?	
22. I hereby certify that I attended the deceased from	,19.57, to	that I last saw the decease
alive on 7, 1955, and that death occurred at	10: 45°M, from the causes and or	n the date stated above.
Trong 4. Truly, A. M.D	Derlin Who	3/9/55
23. BURIAL CRIMATION, DATE THEREOF NAME OF CEMETER SEMOVAL (Specify) 3-10-155 Evergreen	()	y, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

VS. A15

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DESCRIPTION OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY O

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Donasia donal Bordan Versepter Co. Mc. USA

No. 1807-03-6944 William Helinian Server, Berlin, Md. Ri. 65

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margaret Grand Programme

regiony	Worcester			SED:
ם ב	COUNTY WOI'CESTET MARYLAND	STATE Md.	COUNTY WO	rcester
	CITY (If outside corporate limits, write RURAL OR and give pearest town) (in this place) Year's	CITYIIf outside corporate limi		and give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD	STREET (If r	ural give location) (nc
**	DECEASED: (Type or Print) FREDERICK W. SCH.	AAL OF DEA	E (Month) TH: March	13, (Year)
	Male White Specify Married Aug 1), 1896 58	rthday IF UNDER Months	Days Hours Min.
1	oa. USUAL OCCUPATION (Give kind of work done during most of working life, eRetired: Policeman Police	Penna.	gn country): 1	2. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME: Charles Schaal	Unknown	: :	44
	S. WAS DECEASED EVER IN U.S. ARMEO FORCEST 16. SOCIAL SECURITY NO. Yes no or unk.) (If Yes, give war or dates of service) WW 1 183-20-4203	Mrs. Alice L. So		ocomoke, Md.
-	18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN
	162 K Cangestine	Thent Failure		2 doup.
	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Thent Failure	ehus	3
-	(C) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0		
ı	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
ŀ	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	11. 1-1		20. AUTOPSY?
-	3/11/55 / Epilmed Carena	(mopos spen le	slam	
20	21A. ACOTOENT WAS UNDERLYING OF INJURY Street, office bldg., IT EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	ory. 21c. WHERE DID (City or injury occur?		ounty) (State)

22. I hereby certify that I attended the deceased from 24.3, 1955, to 3/5, 1955, that I last saw the deceased and that death occurred at 7-MM, from the causes and on the date stated above. alive on ... SIGNATURE ADDRESS DATE SIGNED (State) National Cemetery Beverly, N. J. 24. FUNERAL DIRECTOR ADDRESS DATE RECID BY LOCAL

Henry H. Watson, Pocomoke, Md.

VS. A15 - 10 - 53

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Y. 1	CERTIFICAT	E OF DEATH Reg. Dist.	No. 355
full oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
carefull legibly.	COUNTY 1201 COOLE MARYLAND	STATE Md. COUNTY WO	cester
n ca d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town). (in this place)	CITY(If outside corporate limits, write RURAL a	no give nearest town)
tion	X TOWN Ocean City 26 yes	TOWN Clean City	X
item of information carefully of death clearly and legibly.	HOSPITAL OR INSTITUTION OF STREET ADDRESS	STREET (If rural give location) R L > 1	/
of in	3. NAME OF DECEASED: (First) (Middle)	of Ma	(Year)
em of i	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8 DATE WIDOWED, DIVORCED.		
	while while spokerned Dec	2. 16, 18971 3 / yrs.	ays Hours Min.
causes	work done during most of working life. OR INDUSTRY: even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
Supply ite the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Sup te t	Lennel Jumon	Hetty Bowken	
. 'E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	0 / 3-
l-w	of service) ny	mrs. J. L. Jumous Va	in City of
	18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH ,	TION	INTERVAL BETWEEN
IO	381.0 Circho	sis 1 Comes Mannas	1 4001
FA	DUE TO	313 of second plumary	19200
UN	ANTECEDENT CAUSE (S)		
WITH UNFAI	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
W]	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
Y,	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
AINLY, Wimportant.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
7	0		YES NO D
RITE PI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etcry. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	y) (State)
N S	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While at work at work	D 21F. HOW DID INJURY OCCUR?	
ge i	22. I hereby certify that I attended the deceased from Ma	1, 1954, to Mac, 1955, that I last	saw the deceased
D 82		/A. M, from the causes and on the date s	
TYPE rect ag	SIGNATURE		E SIGNED
SE		ERY OR CREMATORY LOCATION (City, town, or	county) (State)
A	Bureal 3/18/50 Ever	seen Berlin	mo
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAB 5 5 SHEEM T JOHN WOLLD	24. FUNERAL DIRECTOR A Bubye	Bulin M

DECEIVED MAR 23 1955

BUREAU V. S.



1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	50
CITY (If outside orporate limits, write RURAL and LE) OF STAY OR give ment town) TOWN	CITY (If outside corporate limits) write RURAL and give nearest town) OR TOWN	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS South mount	f
3. NAME OF DECEASED (Fig. (Middle) (Type or Print)	OF Z	Year) 19 5
male While This WIDOWED, DIVORCED (STATES)	DATE OF BIRTH 9. AGE last birthday If under. 1 year If under Months. Days Hours yrs.	
done during you of working life, even if retired) 105 KIND OF BUSINESS OR ADDUSTRY	11. BIRTHULACH (State or form) country)	WHAT
13. FATHER'S NAME Whaley	Cather Limmon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES. 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or days of 2/3-050782 A	mo Virgina Whaley Delio	med
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BET ONSET AND D	WEEN DEATH
Immediate cause (a) Chronic my OC	cartiles 2 years	<u> </u>
Antecedent cause(s) Discourse or conditions if any (b) (Afficient 30 km clus	C-U- renal chains 34aus	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	C-O-renal alessas Dylles	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dae	, 1954, to 4 Mae, 1955, that I last saw the decea	sed
alive on HAAA 1955, and that death occurred at Degree or title)	ADDRESS DATE SIGN	NED
	RY OR CREMATORY LOPATION (Gry, town, orgopaty) (State	0,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Lelio Whales Kelleguelle Se	l.



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